

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22678

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3037 Registrar's No. 76

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Warrensburg.) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg. | |
| c. LENGTH OF STAY (in this place) 29 yrs. | | d. STREET ADDRESS (If rural, give location) 211 E. Russell St. | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence, 211 E. Russell St. | | d. STREET ADDRESS (If rural, give location) 211 E. Russell St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LONA b. (Middle) MCKENZIE c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) July 14th, 1955 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH January 2, 1882 |
| 9. AGE (In years last birthday) 73 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri |
| 10b. KIND OF BUSINESS OR INDUSTRY home | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Jacob Pogue | | 13b. MOTHER'S MAIDEN NAME Madley Jane MC Daniel | 14. NAME OF HUSBAND OR WIFE William McKenzie |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Owen Duncan, Higgensville, Missouri. |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331X | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 7-9-55 19 55 , to 7-14- 19 55 , that I last saw the deceased alive on 7-14- 19 55 , and that death occurred at 12:45P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Owen Duncan | | 23b. ADDRESS M.D. Warrensburg, Missouri | 23c. DATE SIGNED 7-15-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-16-1955 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery, | 24d. LOCATION (City, town, or county) (State) Rural, Warrensburg, Mo. |
| DATE REC'D BY LOCAL REG. July 16, 1955 | REGISTRAR'S SIGNATURE Savannah Cutchfield | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.A. Brauninger, Warrensburg, Mo. | |

RECEIVED
JUL 18 1955
REGISTRY

JOHNSON COUNTY HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W.A.B. Brauning

Licensed Embalmer No. 3322

P. O. Address Warrensburg,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.